Fill in this information t	o identify your case:	
Debtor 1	William L. Thomas	
Debtor 2 (Spouse, if filing)	Loretta Thomas	
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	19151	Check if this is:
(lf known)		■ An amended filing □ A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u>B 6I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse			
	If you have more than one job,	Employment status	■ Employed	☐ Employed			
	attach a separate page with information about additional		☐ Not employed	■ Not employed			
	employers.	Occupation		Housewife			
	Include part-time, seasonal, or self-employed work.	Employer's name	Dick's Sporting Goods				
	Occupation may include student or homemaker, if it applies.	Employer's address					
		How long employed the	here?				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,167.10 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 1,167.10 0.00

Official Form B 6I Schedule I: Your Income page 1

Debtor 1 Debtor 2	William L. Thomas Loretta Thomas			Case number (if known)			14-19151			
				For Debtor 1			Debtor :			
Co	ppy line 4 here	4.		\$	1,167	7.10	\$_		0.00	-
5. Li s	st all payroll deductions:									
5a	Tax, Medicare, and Social Security deductions	5a	١.	\$	193	3.16	\$		0.00	
5b	Mandatory contributions for retirement plans	5b).	\$		0.00	\$		0.00	_
5c	Voluntary contributions for retirement plans	5c	:.	\$		0.00	\$		0.00	-
5d	Required repayments of retirement fund loans	5d	١.	\$	(0.00	\$		0.00	_
5e	. Insurance	5e) .	\$	(0.00	\$		0.00	-
5f.	Domestic support obligations	5f.		\$	(0.00	\$		0.00	-
5g	. Union dues	5g	J.	\$	(0.00	\$		0.00	_
5h	Other deductions. Specify:	5h	1.+	\$	(0.00	+ \$_		0.00	-
6. Ac	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	193	3.16	\$_		0.00	-
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	973	3.94	\$		0.00	_
8. Li s 8a	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		c			¢		0.00	
O.L.	monthly net income. Interest and dividends	8a 8b		\$		0.00	. \$_ \$		0.00	_
8b 8c				» \$		0.00			0.00	-
8d	Unemployment compensation	8d	١.	\$		0.00	\$		0.00	_
8e		8e	.	\$		0.00	\$		0.00	_
8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$_		0.00	_
8g		8g		\$	1,617		\$		0.00	=
8h	Other monthly income. Specify: VA Benefit	8h	1.+	\$	1,719	9.00	+ \$_		0.00	_
9. Ac	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	3,336	6.00	\$_		0.0	0
10 C a	alculate monthly income. Add line 7 + line 9.	10.	\$	4	,309.94	+ \$		0.00	= \$	4,309.94
	Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		1,000.0-1			0.00		4,000.04
Ind oth Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, you her friends or relatives. o not include any amounts already included in lines 2-10 or amounts that are not specify:	r depe		•			·	Schedule 11.		0.00
Wı	Id the amount in the last column of line 10 to the amount in line 11. The re- rite that amount on the Summary of Schedules and Statistical Summary of Certa- plies							12.	\$Combi	
13. D c	you expect an increase or decrease within the year after you file this form No.	າ?							monthl	y income
	Yes. Explain:									